

For Official Use Only

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Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

- ☐ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name ART MCGUIRE, NW INS.
Trade Name, if any: -
P.O. Box, Bldg., Room No., if any -
Street 435 LAZELLE RD.
City WESTERVILLE
State OH ZIP Code + 4 43081

14.a. Nature of payment.

GIFT CERT. TO A RESTAURANT

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

25.00